

3d LAR Emergency Responder  
Special Needs Registration Sheet

I, \_\_\_\_\_, authorize the release of the following information to the base emergency staff to be used to identify and assist my family member during a disaster or emergency event. I understand that it is my responsibility to update this information as changes in address or family member's condition occur.

Please Print:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Duty Unit: \_\_\_\_\_ SSN: \_\_\_\_\_

Housing Area: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Requiring Assistance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Work phone(s): \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Out of State # : \_\_\_\_\_

Primary Language spoken in the home is: \_\_\_\_\_

Nature of Special Need: **check all that apply**

<input type="checkbox"/> Seizures	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Non Verbal	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Visual Impairment/Blind	<input type="checkbox"/> Other (describe below)

\_\_\_\_\_

\_\_\_\_\_

Special Equipment used by the family member:

<input type="checkbox"/> Lift Van	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Breathing Equipment	<input type="checkbox"/> Walker
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Other:
<input type="checkbox"/> Guide /Service Dog	

\*\*How many hours of battery back up available for your equipment? # \_\_\_\_\_ hours

Email form to :aaron.rathbun@usmc.mil or Fax form  
to: (760)830-5224

Attn: SSgt Rathbun